



ASB FUNDRAISER PROPOSAL

TODAYS DATE: _____	SCHOOL NAME: _____
CLUB NAME: _____	FUNDRAISER START DATE (ANTICIPATED): _____
ASB ACCOUNT # _____	FUNDRAISER END DATE (ANTICIPATED): _____
ADVISOR: _____	EXPECTED FINAL RECONCILIATION DATE: _____
FUNDRAISER EVENT/PURPOSE: _____	

Is this a charitable fundraiser? Yes No

If yes, be sure to:

- Use 6000 series for "ASB Account #" above
- Ensure that all funds raised go toward the intended purpose (account must net \$0)

Will the money from this fundraiser be used to cover travel costs?

Yes No

NOTE: Prior approval form must be approved prior to the fundraiser start date

PROFIT PROJECTION

<u>INCOME SOURCES:</u>	<u>QUANTITY</u>	X	<u>UNIT PRICE</u>	=	<u>TOTAL INCOME</u>
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

Total Projected Income: \$ _____

EXPENSES: (QUANTITY X UNIT COST) + SHIPPING SUB TOTAL + TAX TOTAL = EXPENSES
(from vendor quote) ^ if applicable

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Projected Expense: \$ _____

Total Projected Profit: \$ _____

OTHER CONSIDERATIONS:

-If students are checking out product to sell (Entertainment Books), the **INVENTORY CHECK-OUT SHEET & PARENT PERMISSION FORMS** must be completed & retained

-When selling tickets as part of the fundraiser, the **TICKET SELLERS DOCUMENTS** must be completed & retained

-Does the proposed activity include any of the following conditions? (If yes to all 3, it is considered gambling and is **not** allowed)

PRIZE (win something) PRICE (pay something) CHANCE (of getting something)

COMPLETED BY: _____

Print

Sign

APPROVED BY:

ASB OFFICER: _____

DATE: _____

ADMINISTRATOR: _____

DATE: _____